



Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services

Board of Counseling

PO Box 30670

Lansing MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

COUNSELOR APPLICATION PACKET

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COUNSELOR APPLICATION INSTRUCTIONS

* Please read application instructions carefully and answer all questions completely.
Failure to do so may cause a delay in your application process.*

LIMITED LICENSE - The limited license **must** be obtained **prior** to beginning post-degree supervised experience in Michigan. Supervised experience completed in Michigan prior to obtaining the limited license **cannot** be counted toward the requirements for full licensure.

1. You must complete and submit the application for licensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Michigan Board of Counseling.
2. Applicants for a Michigan health professional license or registrations are required to submit fingerprints and undergo a Criminal Background Check. **You should make contact with an approved agency 7-10 days after application submission.** Additional documentation is included in this packet offering detailed instruction on the CBC and fingerprinting process.
3. **EDUCATIONAL REQUIREMENTS:** To be eligible, an applicant must have obtained a minimum of a master's degree in a counseling or student personnel work program of not less than 48 semester hours or 72 quarter hours which included studies in all of the following: career development; consulting; counseling techniques; counseling theories; counseling philosophy; group techniques; professional ethics; research methodology; testing procedures; practicum; AND an internship that consists of not less than 600 hours of supervised clinical experience in the practice of counseling.
 - a. Arrange for an **official transcript** of your graduate education to be forwarded directly to this office from the registrar of your educational institution. **STUDENT COPY TRANSCRIPTS WILL NOT BE ACCEPTED.**
 - b. Complete Section I of the **Certification of Counseling Education** form and forward it to the Director of your Counselor Education Program for certification of the education program you completed. Your Certification of Counseling Education form must be received in this office directly from your educational institution.
4. Submit a Professional Disclosure Statement (see information on page 4).
5. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where you currently hold or have ever held a permanent license or registration. Copies of licenses are not acceptable.

FULL PROFESSIONAL COUNSELOR LICENSE BY EXAMINATION (Those with a degree and experience before October 1, 1993 see #8 on page 2 of these instructions.)

1. You must complete and submit the application for licensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Michigan Board of Counseling.
2. Applicants for a Michigan health professional license or registrations are required to submit fingerprints and undergo a Criminal Background Check. **You should make contact with an approved agency 7-10 days after application submission.** Additional documentation is included in this packet offering detailed instruction on the CBC and fingerprinting process.
3. **EDUCATIONAL REQUIREMENTS:** Meet the educational requirements as indicated above for a Limited License.

COUNSELOR APPLICATION INSTRUCTIONS CONTINUED

5. Arrange for a completed **Counseling Work Experience** form to be submitted directly to the board office from your supervisor.

PLEASE NOTE: Effective January 2005, all supervisors of LLPCs are required to have training in the function of supervision. Counselors receiving supervision from a supervisor who does not have the required training can count only those hours accrued before January 1, 2005.

6. **EXAMINATION:** An applicant for Professional Counselor Licensure shall have passed one of the following examinations: The National Counselor Examination (NCE) given by the National Board for Certified Counselors, 3 Terrace Way Greensboro, NC 27403; telephone (336) 547-0607 www.nbcc.org/stateboardmap (see enclosed NBCC form) **or** the Commission on Rehabilitation Counselor Certification (CRCC) Examination. (CRCC, 300 N Martingale Rd, Ste 460 Schaumburg, IL 60173; telephone (847) 944-1325 www.crccertification.com) Arrange for the examination agency to forward an official copy of your scores directly to this office.
7. Submit a Professional Disclosure Statement (as specifically instructed).
8. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where you currently hold or have ever held a permanent license or registration. **Copies of licenses are not acceptable.**

FULL PROFESSIONAL COUNSELOR LICENSE BY EXAMINATION An individual who received a master's or doctoral degree in counseling or student personnel work by October 1, 1991 and had two years of experience by October 1, 1993 may be issued a full professional counselor license by doing the following:

1. You must complete and submit the application for licensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Michigan Board of Counseling.
2. Applicants for a Michigan health professional license or registrations are required to submit fingerprints and undergo a Criminal Background Check. **You should make contact with an approved agency 7-10 days after application submission.** Additional documentation is included in this packet offering detailed instruction on the CBC and fingerprinting process.
3. Arrange for an **official transcript** of your counseling or student personnel work education to be forwarded directly to this office from the registrar of your educational institution. **STUDENT COPY TRANSCRIPTS WILL NOT BE ACCEPTED.**
4. Submit a Professional Disclosure Statement (as specifically instructed).
5. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where you currently hold or have ever held a permanent license or registration. **Copies of licenses are not acceptable.**
4. **EXPERIENCE:** Counseling experience under the supervision of a licensed professional counselor is required to qualify for a full professional counselor license. All supervised experience obtained in Michigan must be completed after the limited counselor license has been issued. Supervised experience gained prior to obtaining the limited license **cannot** be counted toward licensure. Individuals with a Master's degree must accrue 3,000 hours of post-degree counseling experience in not less than a two-year period with at least 100 hours accrued in the immediate physical presence of the supervisor. Individuals who have completed 30 semester hours or 45 quarter hours of graduate study in counseling beyond a Master's degree must accrue 1,500 hours of post degree counseling experience in not less than a one-year period with at least 50 hours accrued in the immediate physical presence of the supervisor.

- **PLEASE NOTE** An application submitted with the appropriate fee is valid for two years from the date it is received. If an applicant fails to complete the requirements for licensure within the two year period following the date of application, the application will become invalid.

COUNSELOR APPLICATION INSTRUCTIONS CONTINUED

PROFESSIONAL DISCLOSURE STATEMENT

Section 18113 of the Michigan Public Health Code, 1978 PA 368, as amended, requires that a licensed counselor furnish a Professional Disclosure Statement to all prospective clients before engaging in counseling services.

A Professional Disclosure Statement is required from every applicant, even if you are not currently practicing. You must provide a separate Professional Disclosure Statement for each practice location. You are required to submit a new Professional Disclosure Statement to the board within 30 days if you have any changes to the required information.

Your license cannot be issued without a Professional Disclosure Statement(s) on file. Attach a copy of your Professional Disclosure Statement(s) to your application for licensure.

YOUR PROFESSIONAL DISCLOSURE STATEMENT MUST INCLUDE ALL OF THE FOLLOWING INFORMATION:

1. Your name, business address, and telephone number. (If not currently employed provide your name, address and telephone number as shown on your application for licensure.)
2. A description of your practice.
3. A description of your education and experience.
4. The fee you charge your clients or if you do not charge a fee.
5. The following information must be included in your Professional Disclosure Statement in the event your client(s) would like to file a complaint regarding your counseling services. This address and phone number should not be used for any other purpose.

Michigan Department of Licensing and Regulatory Affairs
Enforcement Division
Allegations Section
P.O. Box 30670
Lansing, MI 48909
(517) 373-9196

6. If you are applying for the limited counselor license, you **must** include the name of the licensed professional counselor who will be supervising your 3000 hours of post-degree experience. In addition, this document must include the following statement, "I agree to supervise (insert your name) for the required post-degree counseling experience." this statement must be signed by the supervising licensed professional counselor and must include his/her license number.
7. You may either write your own professional disclosure statement using these instructions or the templates that are on the counseling profession webpage located at www.michigan.gov/healthlicense. **PLEASE NOTE:** There are separate templates for the limited and the full license application.

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
Health Licensing Division
PO Box 30670
Lansing, MI 48909
(517) 335-0918

www.michigan.gov/healthlicense

FOR BOARD USE ONLY

License Number:

Issue Date:

APPLICATION FOR LICENSURE

I am applying for the following:

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

1. Demographic Information

First Name:		Middle Name:		Last Name:	
U.S. Social Security #:			Birth Date:		
Street Address:				Apt/Bldg #:	
City:		State:		Zip Code:	
Country:					
Phone Number:			Email Address:		
Have you ever held a health professional license in any profession in Michigan?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your health professional license issued after 2008?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Professional Permanent I.D./License Number:				Expiration Date:	
Have you ever been known under any other name? If yes, list name(s):					<input type="checkbox"/> Yes <input type="checkbox"/> No
Will documents be received under any other name? If yes, list name(s):					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application for this type of license in Michigan?					<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name:

2. Personal Data Questions

1. Have you ever been convicted of a felony?

☐ Yes☐ No

If yes, please explain

2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?

☐ Yes☐ No

If yes, please explain

3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?

☐ Yes☐ No

If yes, please explain

4. Have you had 3 or more malpractice settlements, awards, or judgements in any consecutive 5 year period?

☐ Yes☐ No

If yes, please explain

5. Have you had one or more malpractice settlements, awards, or judgements totaling \$200,000 in any consecutive 5 year period?

☐ Yes☐ No

If yes, please explain

6. Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country?

☐ Yes☐ No

If yes, please explain

7. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care staff privileges involuntarily modified?

☐ Yes☐ No

If yes, please explain

8. Have you ever been treated for substance abuse in the past 2 years?

☐ Yes☐ No

If yes, please explain

Note: If you answered "yes" to any of the questions in Section 2 (questions 1-8), you must provide a detailed explanation with copies of all available official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.

Full Name: _____

Have you taken a National examination for another U.S. Jurisdiction? ☐ YesPlease list exam name and date taken (month & year) ☐ No

Have you taken a State Constructed examination for another U.S.

Jurisdiction? Please list state and date taken (month & year) ☐ Yes☐ No**3. Professional Education**

Name of Institution	Address of Institution	Graduation Date	Certificate/Diploma/ Degree Granted

4. License(s) in Other State(s) and/or Province(s)Do you hold or have you held a permanent license or registration in any state or Canadian province, for the type of license for which you are applying? ☐ Yes☐ No

Please list each state or province, the license or registration number, the date issued, the number of years you held the license, and how the license was obtained (either examination or endorsement). **DO NOT LIST TEMPORARY LICENSES.** (Attach additional sheets, if necessary.)

State/Country	Permanent License/ Registration Number	Date of Issue	Number of Years Licensed	Expiration Date	How Obtained (Exam or Endorsement)

5. CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant _____ Date _____

Board of Counseling

PO Box 30670

Lansing MI 48909

(517) 335-0918

www.michigan.gov/healthlicense**CERTIFICATION OF COUNSELING EDUCATION**

Authority: Public Act 368 of 1978, as amended.

If this form is not completed, certification will not be issued.

SECTION I - APPLICANT INFORMATION

Instructions: Complete Section I and, if necessary, Section II. Forward this form to the director of your counseling education program for completion of Section II. This certification must be submitted directly to the Michigan Board of Counseling by your educational institution.

First Name:	Middle Name:	Last Name:
Street Address:		
City:	State:	Zip Code:
SSN:	Date of Birth:	Email:
Name and Address of Educational Institution:		
Date of Admission:		Date Degree Granted:
Level of Degree Granted:	Discipline/Program Title:	
Was the program you completed accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP)? <input type="radio"/> Yes <input type="radio"/> No		
Was the program you completed accredited by the Council on Rehabilitation Education (CORE)? <input type="radio"/> Yes <input type="radio"/> No		

If the answer is Yes to the above question, it is not necessary to complete Section II. Please sign and forward to your educational institution for completion of Section III.

Was the institution you attended Regionally accredited? <input type="radio"/> Yes <input type="radio"/> No
--

My counseling program consisted of areas of study in the courses indicated below as defined in Rule 338.1751 of the Board's Administrative Rules. List course titles and course numbers for each area below.

Career Development:	Consulting:
Counseling Philosophy:	Group Techniques:
Counseling Techniques:	Research Methodology:
Testing Procedure:	Professional Ethics:
Counseling Theories:	
Signature	Date

Full Name:

EDUCATIONAL INSTITUTION INSTRUCTIONS:

Please complete Section II below and forward the completed form to the Michigan Board of Counseling, PO Box 30670, Lansing, MI 48909.
This certification must be submitted directly to the Michigan Board of Counseling.

SECTION III - CERTIFICATION OF COUNSELING PROGRAM

Name of Educational Institution

Street Address of Institution

City, State and Zip Code

I certify that _____ attended the educational institution named above
 (Applicant's Full Name)

from _____ to _____ and was granted
 (Month/Day/Year) (Month/Day/Year)

a _____ degree in _____.
 (Level) (Discipline/Program Title)

that the length of the program was at least 48 semester hours of 72 quarter hours. I certify that the program information on Page 1
 of this form is correct.

This program included a/an:

Practicum ☐ Yes ☐ No

Internship of at least 600 hours ☐ Yes ☐ No

 Authorized Signature of Program Representative

 Date of Signature

 Print or Type Name of Program Representative

(SEAL)

If school has no seal, please indicate

 Telephone Number or e-mail address of Program Representative

Michigan Department of Licensing and Regulatory Affairs
Board of Counseling
 PO Box 30670
 Lansing MI 48909
 (517) 335-0918
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COUNSELING WORK EXPERIENCE FORM

Authority: Public Act 368 of 1978, as amended.
 If this form is not completed, certification will not be issued.

SECTION I- APPLICANT INFORMATION:

Type or print your name exactly as it appears on your application and forward it to your professional counseling supervisor for completion of Section II.

THIS FORM MUST BE SUBMITTED DIRECTLY TO THE MICHIGAN BOARD OF COUNSELING BY YOUR SUPERVISOR.

First Name:	Middle Name:	Last Name:
SSN:	Phone Number:	
Limited License Professional Counselor #:		

EXPERIENCE- Counseling experience under the supervision of a licensed professional counselor is required to qualify for a full professional counselor license. If the supervised work experience is completed in Michigan, the applicant must hold a limited professional counselor license for the hours to be counted toward the requirements for a full license. Individuals with a master's degree must accrue 3,000 hours of post-degree counseling experience over a period of two years, with a minimum of 100 hours accrued under the immediate physical presence of the supervisor. Individuals who have completed 30 semester hours or 45 quarter hours of graduate study in counseling beyond a master's degree must accrue 1,500 hours of post-degree counseling experience in a period of at least one year, with a minimum of 50 hours accrued in the immediate physical presence of the supervisor.

SECTION II- INSTRUCTIONS TO SUPERVISOR: Complete the remainder of the form and return it to the Board of Counseling at the address given above.

Supervisor's Name	Michigan Permanent I.D. Number (if applicable)
Please answer the following questions about your credentials at the time you supervised the applicant.	
For work experience in Michigan:	
Were you a licensed professional counselor in Michigan at the time you supervised the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For work experience in another state	
Were you a licensed or certified as a professional counselor in the state where you were providing supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No	
State _____ Type of License or Certificate _____	

Full Name: _____

Please answer the following questions about your supervision of the above named applicant's professional experience in the practice of counseling.

What was your title at the time of supervision? _____

What was the applicant's title at the time of supervision? _____

Describe Applicant's Duties _____

I certify that _____ practiced counseling under my supervision at

(Applicant's Full Name)

_____ located at _____ from

(Name of Agency)

(Address)

_____ to _____ for a total of _____ hours.

(Month/Day/Year)

(Month/Day/Year)

At least ☐ 50 or ☐ 100 hours were accrued in my immediate physical presence.

Effective January 1, 2005, all supervisors of Limited License Professional Counselors are required to have training in the function of supervision.

I have received training in the function of supervision

☐ Yes

☐ No

The Public Health code also required that: 1) the supervisor be available on a regularly scheduled basis to review the practice of the applicant, to provide consultation, to review records, and to further educate the applicant; 2) there must be continuous availability of direct communication in person or by radio, telephone, or telecommunication.

Did your supervision fulfill this agreement?

☐ Yes

☐ No

Supervisor's Signature

Date of Signature

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.



Important Information and Registration Form Below

- Registrations are first received by our Accounting Department and forwarded to the Assessment Department after your fee has been processed. To confirm when your fee has been processed, please check with your financial institution.
- The registration processing time is four weeks from the time your payment is processed. Once registered you will be notified by email and postcard.
- When completing your registration form, please be aware that the name listed on your legal I.D. (driver's license/passport) must be the name you register under.
- When you register for the first time, you are required to submit an **official, sealed** (unopened) transcript showing conferral of your degree in counseling or a related field. This should be included with your registration form and fee.
- If your transcript is under your maiden name, please include legal documentation of your name change with your registration form.
- If you need to re-register with NBCC, you are not required to send another transcript. If you are unsure, please contact NBCC.
- If you would like to check on the status of your registration, email exam@cce-global.org with your state in the subject line.
- **Special Accommodations:**
 1. If you have special accommodation requests, you are required to submit **supporting documentation** from a licensed physician, psychologist or psychiatrist that includes the **diagnosis** and specific requests.
 2. The document is required to be on official letterhead that is signed, dated and written within the last five years.
 3. Along with the documentation, please include a Special Accommodation Request Form found on the last page of the candidate handbook.
 4. If you are requesting extra time or permission to bring a translation dictionary because English is your second language, and you studied in English, please send documentation from your graduate program showing that you received special accommodations due to ESL while in school.

If you studied in another language you will need to submit an international degree equivalency. See www.nbcc.org/Student/International.
 5. Candidates approved for extra time due to ESL must pay an additional fee of \$60 to receive this accommodation.
- A candidate may reschedule an examination appointment at no charge **one time** by calling AMP at 888-519-9901 at least two to three business days prior to the scheduled testing session. Please note, your rescheduled exam date must fall within your original 6 month eligibility period.
- Confirmation of your test date will come from AMP by email. You will not be sent an admission letter from NBCC. To verify your test date, contact AMP.
- Please do not contact AMP to schedule a test date until you have received confirmation from NBCC.
- Your scores are automatically sent to your state board approximately four weeks after the last day of the testing week. Please check with your State Board before requesting a score verification.

It is the candidate's responsibility to ensure that all registration materials are received by NBCC.

If you are unsure of any piece of the registration process, please email NBCC at exam@cce-global.org before submitting any registration materials or documentation.



NATIONAL BOARD FOR
CERTIFIED COUNSELORS®

MICHIGAN

LICENSURE EXAMINATION REGISTRATION

National Counselor Examination for Licensure and Certification (NCE®)

Last name:

First name: MI Soc. Sec. #: - -

Address:

City: State

Zip Code: - Date of Birth: / /

Home: - - Business: - -

EMAIL:

Check here if you are requesting special examination accommodations ☐

Male: ☐ Female: ☐ Other Name:

Ethnic Origin: ☐ ☐ ☐ ☐ ☐ ☐ ☐

African American Native American Asian Caucasian Hispanic Multi-Cultural Other

ABOUT REGISTRATION

- The cost to register is \$195. This examination fee is non-refundable/non-transferable.
- Registration is required. Please allow 4 weeks processing time from the time your fee clears. (To check the status of your registration, please send an email to exam@cce-global.org with your state in the subject line as phone calls delay the processing time.)
- You will be notified of the scheduling process by email and postcard once your examination registration is processed. Candidates must test within 6 months of notification.
- Special Accommodation requests need to be sent with your registration form to NBCC along with supporting documentation from a qualified professional.

PLEASE INCLUDE WITH YOUR MATERIALS

- Your completed registration form with original ink signature.
- Your \$195 examination fee (please make check or money order payable to NBCC).
- An official, sealed (unopened) academic transcript identifying the conferral date of a Master's degree in counseling or a related field.
- ALL OF THE ABOVE MUST BE RECEIVED BEFORE YOU WILL BE ALLOWED TO SCHEDULE AN EXAM DATE.

WHERE TO SEND YOUR REGISTRATION MATERIALS:

NBCC Assessment Dept.
PO Box 7407
Greensboro, NC 27417-0407

FAXED REGISTRATIONS WILL NOT BE ACCEPTED.

TESTING QUESTIONS? Tel: 336-217-4111; E-mail: exam@cce-global.org; Web site: www.nbcc.org/directory
Street Address: NBCC Assessment Dept., 3 Terrace Way, Greensboro, NC 27403

Have you previously taken the NCE? Yes ☐ No ☐

If yes, on which date? / /
Month Day Year

Highest Degree Granting Institution:

I understand and agree to the following: that I am taking the NCE as part of the Michigan state licensing requirements; and approval to take the NCE or the receipt of a passing score does not demonstrate that Michigan state licensure or NBCC certification requirements have been satisfied. I authorize NBCC to provide the Michigan Board of Counseling with examination results. Use of the NCE scores for licensure in other states may not occur until licensure is granted in Michigan. By signing this document, I hereby certify that the information and materials provided in this application are true, accurate, and complete to the best of my knowledge and belief. I agree to abide by all NBCC policies, procedures, and agreements concerning the NCE examination.

Signature: Date:

CHARGE ORDER FORM - DO NOT DETACH

Credit card type: VISA ☐ Mastercard ☐ American Express ☐

Card number:

Name on card:

Signature:

Exp. date: /

Amt. charged: \$

Date:

National Counselor Examination (NCE) State Specific Insert for Michigan Licensure Candidates

****This is a supplement to the NCE Candidate Handbook. You can download the handbook from the NBCC Web site at www.nbcc.org/directory.****

CONTACT INFORMATION

All questions and requests for information about Michigan licensure should be directed to:

Michigan Board of Counseling
The Bureau of Health Professions
PO Box 30670 / 611 W Ottawa
Lansing, MI 48909
Phone: 517-335-0918
Fax: 517-373-2179
Web site: <http://www.michigan.gov/healthlicense>

All questions and requests for information about the Michigan licensure examination program should be directed to:

NBCC Assessment Dept.
3 Terrace Way, Suite D
Greensboro, NC 27403
Phone: 336-217-4111
Web site: www.nbcc.org/directory

ELIGIBILITY REQUIREMENTS

Candidates should send the Licensure Examination Registration Form with **original ink signature**, examination fee (\$195), and an official, sealed (unopened) academic transcript identifying the conferral date of a Master's degree in counseling or a related field to NBCC. **(Fees are subject to change.)**

REGISTRATION DEADLINES

Candidates will need to allow 4 weeks processing time from the time your fee clears. Candidates can submit registration materials described above at any time but be aware that space is limited. The fees are good for 6 months.

TESTING SCHEDULE

Testing is normally the first two full weeks of each month, Monday thru Saturday at 9:00am and 1:30pm, with four hours allowed for the exam. However, only certain sites offer Saturday testing; candidates should contact AMP for particular locations and dates. Candidates are scheduled on a first-come, first-served basis. There are three testing locations in Michigan, however, you are able to test at any of the over 191 AMP assessment centers across the U.S. The three sites in Michigan are Detroit (Dearborn), Flint, and Grand Rapids (Wyoming).

Examination schedule for 2013/2014:

❖	October '13	10/07 – 10/19
❖	November '13	11/04 – 11/16
❖	December '13	12/02 – 12/14
❖	January '14	01/06 – 01/18
❖	February '14	02/10 – 02/22
❖	March '14	03/03 – 03/15
❖	April '14	04/07 – 04/08
❖	April '14	04/16 – 04/26
❖	May '14	05/05 – 05/17
❖	June '14	06/02 – 06/14
❖	July '14	07/07 – 07/19
❖	August '14	08/04 – 08/16
❖	September '14	09/08 – 09/20
❖	October '14	10/06 – 10/18
❖	November '14	11/03 – 11/15
❖	December '14	12/01 – 12/13

Exam dates should be scheduled by the candidate through AMP's Web site or by calling AMP's toll-free customer service line **after receiving confirmation from NBCC.**

AMP Phone number: 888-519-9901

AMP Web site: www.goAMP.com

RE-REGISTRATION

Candidates who fail the exam will have to wait at least 3 months from their test date before they can retest. The actual retest date will depend on the monthly testing schedule and site availability. Candidates will need to send a new registration form and examination fee (\$195).

SPECIAL ACCOMMODATIONS

Candidates should request special accommodations by completing the form in the Candidate Handbook and submitting it with their Licensure Examination Registration form. Supporting documentation from a qualified professional is also required. Special Accommodation approvals are good for one year. After one year, candidates will need to submit a new request. Candidates testing with approved special accommodations should schedule their test via the toll-free number to ensure their accommodations are confirmed.

AFTER PASSING THE EXAM

Once you have successfully passed the NCE, please contact the Michigan Board of Counseling for further information. If you have questions about the Michigan licensure process, please contact the Michigan Board of Counseling for information.



**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS
(For Applicants in Michigan)**

1. Applicants for a Michigan health professional license must have their fingerprints taken under an Agency ID/ORI Number specific for the board for which they are applying. Fingerprints may be taken by either Identogo (formerly L-1 Enrollment) or another agency listed at www.michigan.gov/lsvendor. Whether you use Identogo or another agency, you must use an Agency ID Number for a Health Professional licensing board. These Agency ID numbers **MUST** be used in order to have the fingerprint report sent to the Health Professions Licensing Division. Receipts **should not** be mailed to the office, but kept for your own records.
2. Please complete the Livescan Fingerprint Request Form and check the box for the profession for which you have applied. Incorrectly selected professions/agency ID's may delay the criminal background check process.
3. You must bring the Livescan Fingerprint Request Form with a driver's license or other state or federal issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprint agency when registering and/or scheduling your appointment.
4. When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police.
5. If no criminal history is found, the Health Professions Licensing Division will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Health Professions Licensing Division for review.
7. Information about fees and scheduling your fingerprint appointment with Identogo can be found at www.identogo.com or by calling 1-866-226-2952.
8. Identogo is under contract with the Michigan State Police to provide fingerprint services. For questions, call the Michigan State Police at (517) 241-0606.
9. Please do not contact the board office regarding your criminal background check, unless your fingerprints were taken **more** than 30 days ago.
10. **Please note:** Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan.

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS
(For applicants out of state/out of country)**

1. Contact a local law enforcement, governmental, or private fingerprint agency to perform an ink fingerprint on an FBI (FD-258) card or on another state's or country's official fingerprint card. The ink fingerprint must be completed on card stock paper.
2. Submit the ink fingerprint card along with the completed Livescan Fingerprint Request Form and a business check or money order for \$62.75, made payable in U.S. Funds, to MorphoTrust USA to the following address:

MorphoTrust USA
Attn: Card Scan Processing Unit
3051 Hollis Drive Ste 310
Springfield IL 62704

3. Please include a daytime telephone number or e-mail address with your request where you can be reached if there are any questions.
4. Identogo will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Health Professions Licensing Division will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Health Professions Licensing Division for review.
7. Call Identogo toll-free at 1-866-226-2952 (8am - 5pm EST) if you have any questions.
8. Identogo is under contract with the Michigan State Police to provide fingerprint services. For questions, call the Michigan State Police at (517) 241-0606.
9. Applicants for a Michigan health professional license must have their fingerprints taken under the Agency ID/ORI Number specific for the board for which they are applying.
10. Please do not contact the board office regarding your criminal background check, unless your fingerprints were taken **more** than 30 days ago.
11. **Please note:** Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan.

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
Health Licensing Division
PO Box 30670
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

LARA/300L (08/14)

LIVESCAN FINGERPRINT REQUEST FORM

Applicant Instructions: Please complete the top section of this form then print it and take it along with your picture I.D. to your scheduled appointment or if you are an out of state/ out of country applicant please mail it along with your fingerprints.

First Name:	Middle Name:	Last Name:	
Street Address:		Apt/Bldg #:	
City:	State:	Zip Code:	
Phone Number:		Country:	
Date of Birth (MM/DD/YYYY):		Race:	Sex:
Height:	Weight:	Eye Color:	Hair Color:
License/Registration you are applying for:			

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE FINGERPRINT AGENCY

Fingerprint Date:	TCN:
Type of I.D. Presented:	

REQUESTING AGENCY INFORMATION

Agency Name Agency ID Number: MI DEPT OF LARA - Counseling Agency ID# 90893M
Reason Fingerprinted: LHP - Licensed Health Care Professional (MCL333.16174)

Please print out the Application (Pages 6-8), Certification of Counseling Education (Pages 9-10 if applicable), Counseling Work Experience Form (Pages 11-12 , if applicable), the National Counseling Examination forms (pages 13-15), and the LiveScan Fingerprint Request Form (Page 18, if applicable). Sign and date your application, and submit the application along with any supporting documentation and with your check or money order made payable to the "State of Michigan" to:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
Board of Counseling
PO Box 30670
Lansing MI 48909

Schedule your fingerprints to be taken 7-10 business days AFTER you have mailed your application to our office.

APPLICATION CHECKLIST

☐ **Application Fee:** Submit a check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN**.

☐ **1. Demographic Information:** Social Security Number: Please list only a United States Social Security number.

Name: List your full name: first, middle and last name. If your name changes after you apply, you must submit a name change to the Bureau of Health Care Services in writing along with legal documentation within 30 days.

Birth Date: Provide the month, day and year of your birth.

Address: List the address we should use to send any information about your license. Be sure to include the city, state, zip code, and country. This will be your permanent address with the Bureau of Health Care Services. If your address changes, you must notify us in writing within 30 days.

Phone: Enter a telephone number where you can be reached in case we have questions about your application.

E-mail: Enter your e-mail address. E-mail is a quick way our office can communicate with you about your application.

Other Name(s): Indicate whether you have been known by any other names.

☐ **2. Personal Data Questions:** All applicants must answer the same personal data questions. If you answer "yes" to any questions in this section, you must submit a detailed explanation with your application. If you do not provide this information, your application will be deemed incomplete and processing will be delayed.

☐ **3. Professional Education:** List your current or completed optometry school. Indicate degree/certificate/diploma earned. List graduation and/or anticipated graduation date.

☐ **4. License in Other State(s) and/or Province(s):** List all states/provinces where you have held an counseling license or registration. Indicate method of licensure - examination or endorsement.

☐ **5. Certification:** You must sign and date your application for it to be valid. By signing the application you are indicating that you have read and understood the certification section.

TOP THINGS APPLICANTS SHOULD KNOW

1. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license (even if the license is inactive), you are not eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation, or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
2. Read the entire application before submitting it and DO NOT send the checklist to the Board of Counseling office.
3. Applications and mail are processed as quickly as possible in date-received order.
4. Please allow time to process your application before you call or email our office to check on the status. Applications may take up to 2 weeks to reach our office. Applications with fees are first processed through our central mailroom then through our payment processing office.
5. Mail, including mail sent overnight, is first received by our central mailroom prior to reaching the Board.
6. Supporting documentation will not be accepted if faxed into our office.
7. **SPECIAL ACCOMMODATIONS:** If you require special testing accommodations because of a disability, you must submit a letter that indicates what your disability is and what type of accommodations you are requesting. We also require that you send us a letter from a licensed health care provider that clearly states your diagnosis and includes copies of all supporting test findings and/or evaluations. In addition, you should send us documentation from your nursing program that describes the accommodations provided to you during your education. These documents need to be submitted with your application, if not earlier, to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Counseling, ATTN: ADA Request, PO Box 30670, Lansing, MI 48909.
8. **REFUND POLICY:** If you wish to withdraw your application, you must notify the Board of Counseling in writing to request a partial refund.
9. If your name and/or address changes please notify the Board of Counseling in writing within 30. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website at www.michigan.gov/healthlicense and fax it to (517) 335-2044 ATTN: Applications Section or mail the form to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Counseling, Applications Section, PO Box 30670, Lansing MI 48909. Telephone calls are NOT accepted for these changes. After your license is issued, you can change your address online at www.michigan.gov/elicense.

GLOSSARY/DEFINITION OF TERMS

ENDORSEMENT	Application made by an individual who holds an active license in another state with licensure requirements substantially equivalent to Michigan requirements.
EXAMINATION	Application made by an individual who must take and pass an examination in order to become licensed in Michigan.
LAPSED LICENSE	A lapsed license is a license that is no longer active. A license becomes inactive when it is not renewed upon the expiration date printed on the license.
RECIPROCITY	Process by which an individual could possibly become licensed in Michigan through a reciprocity agreement with another state board. Michigan does not have a reciprocity agreement with any other state.
REINSTATEMENT	The process in which a disciplinary, suspended or revoked license has not lapsed is reactivated by the Board.
RELICENSURE	The application process in which a licensee must apply to reactivate a lapsed or lapsed suspended license.
RENEWAL	Process to maintain active licensure status at the end of each renewal cycle.

FREQUENTLY ASKED QUESTIONS

Q. How long will it take to process my application?

Applications and mail are processed as quickly as possible in date-received order. Applications with fees are first processed through the central mailroom then through our payment processing office.

Q. What do I do if I forgot to include my payment with my application?

Please submit the fee along with a copy of your application and a letter indicating that you failed to submit the required payment with your previous application. Mail to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Counseling, PO Box 30670, Lansing, MI 48909.

Q. How do I check on the status of my application?

Within approximately three weeks of mailing your application to our office, you should receive an Application Confirmation letter containing your customer number. You may use your customer number to check the status of your application at www.michigan.gov/appstatus.

Q. If I have been convicted of a felony or misdemeanor will it stop me from being licensed?

We ask that you submit your application, fee and information regarding the occurrence. The Board will review your file and make a decision at that time. Please keep in mind that we do take into consideration the type of conviction, the age that you were when the incident occurred and the time that has elapsed since the conviction.

Q. How long is my license valid?

The initial license is good for a partial licensure cycle and will expire on the upcoming May 31 renewal date. Each subsequent license will cover a full two-year cycle.

WEBSITES AND LINKS

WEBSITES:

Michigan Department of Licensing and Regulatory Affairs	www.michigan.gov/lara
Bureau of Health Care Services	www.michigan.gov/bhcs
Health Professions Division	www.michigan.gov/healthlicense
Michigan Board of Counseling Rules	www.michigan.gov/healthlicense
Michigan Public Health Code	www.michigan.gov/healthlicense
Application Status	www.michigan.gov/appstatus
Verify a Health Professional License	www.michigan.gov/verifylicense
Renewal Website	www.michigan.gov/elicense

LINKS:

Identogo	www.identogo.com
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